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|                                                                                                                                 |  |                                                                                                                                                                                                                               |            |                                                   |  |                                       |  |                                       |  |                            |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------|--|---------------------------------------|--|---------------------------------------|--|----------------------------|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                               |  |                                                                                                                                                                                                                               |            | Application or Docket Number<br><b>10/589,240</b> |  | Filing Date<br><b>08/14/2006</b>      |  | <input type="checkbox"/> To be Mailed |  |                            |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                            |  |                                                                                                                                                                                                                               |            |                                                   |  | OTHER THAN<br>SMALL ENTITY            |  |                                       |  |                            |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               | (Column 2) |                                                   |  | SMALL ENTITY <input type="checkbox"/> |  | OR                                    |  |                            |  |
| FOR                                                                                                                             |  | NUMBER FILED                                                                                                                                                                                                                  |            | NUMBER EXTRA                                      |  | RATE (\$)                             |  | FEE (\$)                              |  |                            |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |  | N/A                                                                                                                                                                                                                           |            | N/A                                               |  | N/A                                   |  | N/A                                   |  |                            |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |  | N/A                                                                                                                                                                                                                           |            | N/A                                               |  | N/A                                   |  | N/A                                   |  |                            |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |  | N/A                                                                                                                                                                                                                           |            | N/A                                               |  | N/A                                   |  | N/A                                   |  |                            |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |  | minus 20 =                                                                                                                                                                                                                    |            | * <input type="checkbox"/>                        |  | X \$ =                                |  | X \$ =                                |  |                            |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |  | minus 3 =                                                                                                                                                                                                                     |            | * <input type="checkbox"/>                        |  | X \$ =                                |  | X \$ =                                |  |                            |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |            |                                                   |  |                                       |  |                                       |  |                            |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |  |                                                                                                                                                                                                                               |            |                                                   |  |                                       |  |                                       |  |                            |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |  |                                                                                                                                                                                                                               |            |                                                   |  |                                       |  |                                       |  |                            |  |
| TOTAL                                                                                                                           |  |                                                                                                                                                                                                                               |            |                                                   |  | TOTAL                                 |  |                                       |  |                            |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               |            |                                                   |  | (Column 2)                            |  |                                       |  |                            |  |
| (Column 3)                                                                                                                      |  |                                                                                                                                                                                                                               |            |                                                   |  | OTHER THAN<br>SMALL ENTITY            |  |                                       |  |                            |  |
| AMENDMENT<br><b>04/15/2009</b>                                                                                                  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       |  | PRESENT<br>EXTRA                      |  | SMALL ENTITY                          |  |                            |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                     |            | * 20                                              |  | Minus                                 |  | ** 20                                 |  | = 0                        |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               |            | * 4                                               |  | Minus                                 |  | ***3                                  |  | = 1                        |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |            |                                                   |  |                                       |  |                                       |  |                            |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |            |                                                   |  |                                       |  |                                       |  |                            |  |
|                                                                                                                                 |  | TOTAL ADD'L<br>FEE                                                                                                                                                                                                            |            | OR                                                |  |                                       |  | RATE (\$)                             |  | ADDITIONAL<br>FEE (\$)     |  |
|                                                                                                                                 |  | OR                                                                                                                                                                                                                            |            | X \$ =                                            |  |                                       |  | X \$ =                                |  | 0                          |  |
| X \$ =                                                                                                                          |  | OR                                                                                                                                                                                                                            |            |                                                   |  | X \$ =                                |  | 220                                   |  |                            |  |
| OR                                                                                                                              |  | OR                                                                                                                                                                                                                            |            |                                                   |  | OR                                    |  |                                       |  |                            |  |
| TOTAL ADD'L<br>FEE                                                                                                              |  | OR                                                                                                                                                                                                                            |            |                                                   |  | TOTAL ADD'L<br>FEE                    |  | <b>220</b>                            |  |                            |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               |            |                                                   |  | (Column 2)                            |  |                                       |  |                            |  |
| (Column 3)                                                                                                                      |  |                                                                                                                                                                                                                               |            |                                                   |  | OTHER THAN<br>SMALL ENTITY            |  |                                       |  |                            |  |
| AMENDMENT                                                                                                                       |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       |  | PRESENT<br>EXTRA                      |  | RATE (\$)                             |  |                            |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                     |            | * <input type="checkbox"/>                        |  | Minus                                 |  | ** <input type="checkbox"/>           |  | = <input type="checkbox"/> |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               |            | * <input type="checkbox"/>                        |  | Minus                                 |  | *** <input type="checkbox"/>          |  | = <input type="checkbox"/> |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |            |                                                   |  |                                       |  |                                       |  |                            |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |            |                                                   |  |                                       |  |                                       |  |                            |  |
|                                                                                                                                 |  | TOTAL ADD'L<br>FEE                                                                                                                                                                                                            |            | OR                                                |  |                                       |  | RATE (\$)                             |  | ADDITIONAL<br>FEE (\$)     |  |
|                                                                                                                                 |  | OR                                                                                                                                                                                                                            |            | X \$ =                                            |  |                                       |  | X \$ =                                |  |                            |  |
| X \$ =                                                                                                                          |  | OR                                                                                                                                                                                                                            |            |                                                   |  | X \$ =                                |  |                                       |  |                            |  |
| OR                                                                                                                              |  | OR                                                                                                                                                                                                                            |            |                                                   |  | OR                                    |  |                                       |  |                            |  |
| TOTAL ADD'L<br>FEE                                                                                                              |  | OR                                                                                                                                                                                                                            |            |                                                   |  | TOTAL ADD'L<br>FEE                    |  |                                       |  |                            |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |  |                                                                                                                                                                                                                               |            |                                                   |  |                                       |  |                                       |  |                            |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |  |                                                                                                                                                                                                                               |            |                                                   |  |                                       |  |                                       |  |                            |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |  |                                                                                                                                                                                                                               |            |                                                   |  |                                       |  |                                       |  |                            |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                                                                                                                                                                                                               |            |                                                   |  |                                       |  |                                       |  |                            |  |
| Legal Instrument Examiner:<br><b>/DIANE JOHNSON/</b>                                                                            |  |                                                                                                                                                                                                                               |            |                                                   |  |                                       |  |                                       |  |                            |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.